

DOCS Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/526346	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51					
2		/		/				52					
3		/		/				53					
4		2		/				54					
5		10		/				55					
6		10		/				56					
7		/		/				57					
8		/		/				58					
9		2		/				59					
10		10		/				60					
11		10		/				61					
12		10		/				62					
13		10		/				63					
14		10		/				64					
15		10		/				65					
16		10		/				66					
17		10		/				67					
18		10		/				68					
19		10		/				69					
20		10		/				70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	1	↓		↓		TOTAL IND.		↓			
TOTAL DEP.		←	19	←		←		TOTAL DEP.		↓			
TOTAL CLAIMS			20					TOTAL CLAIMS					